

PRINTED: 10/21/2015  
FORM APPROVED

## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL098029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/23/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARKWOOD VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1730 PARKWOOD BLVD WILSON, NC 27895</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell and Billy S. Bryant on 9-23-2015.  Records indicate this facility was first licensed on 8-18-1997, as a Home for the Aged. The facility is currently licensed for 70 Beds including a 20 Bed Special Care Unit. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, the 1996 (1997 Revision) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1996 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure.	C 000	<i>See Attached.</i>	
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by:	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

TITLE

(X6) DATE

STATE FORM

ZU1Q21

If continuation sheet 1 of 7

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C 101	Continued From page 1  Based on observation, the facility was not in compliance with the NC State Building Code as relates to Special (magnetic) Locking which requires an "on/off" type emergency release switch by each magnetically locked exit door. This could affect all building occupants if evacuation were delayed or prevented in an emergency. Finding includes: The emergency release switches provided adjacent to all the magnetically locked exit doors in the Special Care Unit were momentary push-button type that automatically re-locked the door when the button was released. A momentary switch is not an "on/off" type switch.	C 101	<i>See Attached.</i>	
C 111	Must Have Current San. & Fire Safety Reports  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.  This Rule is not met as evidenced by: Based on review of documents, a current sanitation report for the building was not available in the home for review.	C 111		
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.	C 150		

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C 150	Continued From page 2  This Rule is not met as evidenced by: Based on observation, the corridor at the laundry was obstructed to only about 54 inches of clear space. Obstructed corridors could delay or prevent an evacuation in an emergency. Note: This deficiency was corrected during the survey.	C 150		
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: 1. Based on observation, the sampling tube for the duct mounted smoke detector in the attic above room 301 was very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly.  2. Based on observation, the facility was not maintained in a safe manner because of smoke barrier doors not fitting well enough when closed to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings include: a. There was a gap of about 1/4 inch between the	C 189	<i>See Attached.</i>	

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C 189	<p>Continued From page 3</p> <p>smoke barrier doors to BTR.</p> <p>b. There was a gap of about 3/8 inch between the smoke barrier doors near room 303.</p> <p>3. Based on observation a required one-hour fire rated smoke barrier wall was compromised. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: There were unsealed penetrations and unsealed sleeves through the smoke barrier wall in the attic above room 302.</p> <p>4. Based on observation, the facility was not maintained in a safe manner by blocking a fire rated door open, thereby preventing the door from closing rapidly in order to contain smoke and fire. Wedging this door open could affect all residents and staff by not containing smoke and fire in the room of origin. Finding includes: The ¾ fire rated door to the laundry was wedged open in violation of Section 409.1.5 which requires the door to be self-closing or automatic closing upon smoke detection.</p> <p>5. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility. Findings include: a. The doors to all the bedrooms in the Special Care Unit are equipped with spring hinges and all were propped open.</p>	C 189	See Attached.	

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C 189	<p>Continued From page 4</p> <p>b. The door to room 205 would not latch when closed and was propped open.</p> <p>c. The door to room 213 was propped open.</p> <p>d. The door from the kitchen to the dining room was wedged open.</p> <p>6. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Two portable medical oxygen cylinders were stored in no container in room 204.</p> <p>7. Based on observation, the facility was not maintained in a safe condition because of improper storage too close to a fire sprinkler head. Storage that is not kept at least 18 inches below the sprinkler head could negate the ability of the fire sprinkler system to extinguish a fire. Findings include; Items had been stacked to within 8 inches of the sprinkler head in the storage room in special Care.</p> <p>8. Based on observation, the main drain for the air conditioning unit in the attic above the door the BTR had clogged and was causing condensate to overflow into the emergency drain pan under the unit. Clogged drains on A/C units present the possibility of leaking onto and damage of the one-hour fire rated ceiling separating the area below from the attic.</p> <p>9. Based on observation, no vacuum breakers were provided on hoses that were long enough to reach into sink basins. Hoses on water fixtures that are long enough to reach the flood rim of the</p>	C 189	<p><i>See Attached.</i></p>		

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C 189	Continued From page 5  fixture present the possibility of siphoning contaminated water into the water system unless a vacuum breaker is installed. Findings include: a. The hose on the hair wash wand in the Beauty Salon was long enough to reach the sink basin and there was no vacuum breaker provided. b. The hose at the exterior car wash area was long enough to reach the sink basin and there was no vacuum breaker provided.	C 189	<i>See Attached.</i>	
C 193	Ovens, Ranges in Activity or Res. Rooms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be controlled by staff. (5) Ovens, ranges and cook tops located in resident rooms shall have a locking feature provided, controlled by staff, to limit the use of the equipment by residents who have been assessed by the facility to be incapable of operating the equipment in a safe manner. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (a) which shall not apply to existing facilities.  This Rule is not met as evidenced by: Based on observation, there was no switch provided to control the operation of the range in the Activities Kitchen. Findings include:	C 193		

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C 193	Continued From page 6  The range was accessible to residents and there was no staff present to supervise.	C 193	<i>See Attached.</i>	

*Preparation and/or execution of this plan of corrections does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*

**Parkwood Village – Biennial Construction Survey  
Plan of Correction  
Facility License # HAL-098-029**

- 1. 10A NCAC 13F .0301 Application of Physical Plant Requirements Existing  
C 101 Licensed Fac- No less than 71 Rules Section .0300 – Physical Plant - Special  
magnetic locking requires and "on/off" type emergency release switch by each  
magnetically locked exit door The emergency release switches provide adjacent to all  
the magnetically locked exit door in the Special Care Unit were momentary push-  
button type that automatically re-locked the door when the button was released. A  
momentary switch is not an "on/off" type switch.**

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

The momentary push-button type switches were replaced on 9/24/2015 with "on/off" type switches.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the SCU could potentially be affected.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will visually/physically check the SCU "on/off" type switches to ensure they are in the "on" position.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will visually/physically check the SCU "on/off" type switches to ensure they are in the "on" position.

- 2. 10ANCAC 13F .0302 DESIGN AND CONSTRUCTION SECTION .0300 -  
PHYSICAL PLANT C 111 Must Have Current San. & Fire Safety Reports  
The facility shall have current sanitation and fire and building safety inspection  
report. Based on review of documents, a current sanitation report for the building  
was not available in the home for review.**



**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

The sanitation report was obtained from the NC Dept. of Environmental Health and Natural Resources. The report was faxed by the Regional Director of Healthcare to DHSR on 9/24/2015. A current copy is also attached with this Plan of Correction.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will keep a current copy of the sanitation inspection report in the Parkwood Village inspections records binder.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will keep a current copy of the sanitation inspection report in the Parkwood Village inspections records binder.

3. 10A NCAC 13F .0305 PHYSICAL SECTION ENVIRONMENT SECTION .0300 - PHYSICAL PLANT C 150 Corridors-Free of equipment and Obstructions  
(g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions, the corridor at the laundry was obstructed to only about 54 inches of clear space. Note: This deficiency was corrected during the survey.

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

This deficiency was corrected during the survey on 9/23/2015.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will monitor the corridors throughout the 1<sup>st</sup> shift work period for potential corridor obstructions due to facility deliveries. All staff will be inserviced by 11/13/15 about the danger of not keeping corridors free of all equipment and other obstructions.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will monitor the corridors throughout the 1<sup>st</sup> shift work period for potential corridor obstructions due to facility deliveries. All staff will be inserviced by 11/13/15 about the danger of not keeping corridors free of all equipment and other obstructions.

- 4. 10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. 1. The sampling tube for the duct mounted smoke detector in the attic above room 301 was dirty.**

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

On 10/5/2015 all HVAC units sampling tubes for the duct mounted smoke detector in the facility were cleaned including sampling tube in attic above room 301.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will clean sampling tubes annually.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will included annual sampling tube cleaning for duct mounted smoke detectors in HVAC units in the preventive maintenance program for Parkwood Village documented by Direct Supply TELs Program.

- 5. 10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. 2. Smoke barrier doors not fitting well enough when closed to contain smoke and fire.**

- a. Smoke barrier doors to the BTR have a gap of about 1/2 inch between the doors.
- b. Smoke barrier doors near room 303 have a gap of about 3/8 inch between the doors.

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action.**

- a. Smoke barrier doors to the BTR have been repaired by installing an astragal to insure a tight fit on 10/28/2015.
- b. Smoke barrier doors near room 303 have been repaired by installing an astragal to assure a tight fit on 10/28/2015.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. A facility wide physical inspection of all smoke barrier doors was completed on 10/28/2015.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will conduct random physical inspections of all smoke barrier doors to ensure compliance.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will conduct random physical inspections of all smoke barrier doors to ensure compliance.

6. **10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating** (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. 3. A one-hour fire rated smoke barrier wall had unsealed penetrations and unsealed sleeves through the smoke barrier wall in the attic above room 302.

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

Approved red fire barrier sealant was applied to all unsealed sleeves and unsealed penetrations on both sides of the fire rated smoke barrier wall above room 302 on 10/1/2015.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. A facility wide physical inspection of all fire rated smoke barrier walls was conducted. Approved red fire barrier sealant was applied to all unsealed sleeves and unsealed penetrations found during the inspection completed on 10/2/2015.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will conduct random visual / physical inspections to ensure all fire rated smoke barrier walls are in compliance with the regulation.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will conduct random visual / physical inspections to ensure all fire rated smoke barrier walls are in compliance with the regulation.

7. **10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. 4. The ¼ hr rated door to the laundry was wedged open in violation of section 409.1.5 which requires the door to be self-closing or automatic closing upon smoke detection**

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

The wedge has been removed on 9/23/2015 from the laundry fire rated door. It now closes as designed.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. A facility wide visual inspection was done on 9/28/2015 to insure doors worked properly. Staff was in-serviced on 09/29/15 on the dangers of propping or wedging doors open.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will conduct random visual inspections of doors which requires the door to be self-closing or automatic closing upon smoke detection, that they are not wedge open and working as designed. New staff will be in-serviced on the dangers of propping or wedging doors open.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will conduct random visual inspections of doors which requires the door to be self-closing or automatic closing upon smoke detection, that they are not wedge open and working as designed.

8. **10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder of the facility.**

- a. All doors to the bedrooms in the special care unit are equipped with spring hinges and were propped open.
- b. Door to room 205 would not latch when closed and was propped open.
- c. Door to room 213 was propped open.
- d. The door from the kitchen to the dining room was wedged open.

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

- a. All door spring hinges were disabled in the special care unit and staff was in serviced on on the dangers of propping doors open on 9/28/2015.
- b. Door to room 205 was repaired to positive latch and staff was in serviced about the danger of propping doors open 9/28/2015.
- c. Staff was in serviced about the danger of propping or wedging doors open 9/28/2015.
- d. The wedge has been removed on 9/23/2015 from the kitchen to dining room door. It now closes as designed. Staff was in serviced about the danger of propping or wedging doors open 9/28/2015.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. A facility wide visual / physical inspection was done on 9/28/2015 to insure doors latched properly. Staff was in-serviced on 9/28/15 on the dangers of propping or wedging doors open.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will conduct random visual/physical inspection of doors to assure that they have positive latch. New staff will be in-serviced about the dangers of propping or wedging doors open.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will conduct random visual/physical inspection of doors to assure that they have positive latch. New staff will be in-serviced about the dangers of propping or wedging doors open.

- 9. 10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. The building was not maintained in a safe manner by not properly handling portable medical oxygen (O2) cylinders. Two portable medical oxygen cylinders were stored in no container in room 204.**

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

A approved (O2) rack was obtained from our medical equipment supplier on 10/3/2015 and the two portable medical oxygen cylinders were stored in that rack for room 204.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. A facility wide visual / physical inspection was completed on 10/3/2015 to ensure all oxygen cylinders were stored in racks or otherwise restrained so they cannot fall or be knocked over.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Resident Service Director or designee will conduct random visual inspections to ensure oxygen bottles are stored in approved racks or otherwise restrained so they cannot fall or be knocked over.

**D) The facility will monitor the corrective actions as follows:**

The Resident Service Director or designee will conduct random visual inspections to ensure oxygen bottles are stored in approved racks or otherwise restrained so they cannot fall or be knocked over.

**10. 10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. Improper storage too close to a fire sprinkler head. Item had been stacked to within 8 inches of the sprinkler head in the storage room in special care unit.**

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

Items were removed from the special care unit storage closet upper shelf and a red line installed to indicate the 18 inch height clearance below the sprinkler head on 9/24/2015. Staff was also in-serviced on 09/29/15 on the proper storage height and what the indicated red line means.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. A facility wide visual inspection was completed on 9/24/2015 to ensure all storage was below the 18 inch need below the sprinkler.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will conduct random visual inspections to ensure the community shelf storage is below the 18 inch minimum storage height from sprinkler head.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will conduct random visual inspections to ensure the community shelf storage is below the 18 inch minimum storage height from sprinkler head.

**11. 10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. The main drain for the air-conditioning unit in the attic above the door at BTR had clogged and was causing condensate to overflow into the emergency drain pan under the unit.**

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

The HVAC unit in the attic above the BTR door was serviced and repaired by a certified HVAC vendor on 10/1/2015 and the unit is working properly.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will monitor HVAC units not heating or cooling properly and contract a certified heating and AC vendor when a problem is identified in an attic unit needing repairs.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will monitor HVAC units not heating or cooling properly and contract a certified heating and AC vendor when a problem is identified in an attic unit needing repairs.

**12. 10A NCAC 13F .0311 OTHER REQUIREMENTS SECTION .0300 - PHYSICAL PLANT C 189 Building Equipment Maintained Safe, Operating (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. No vacuum breakers were provided on:**

- a. The hose on the hair wash wand in the beauty salon.

b. The hose bib at the exterior can wash area.

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

- a. Vacuum breakers were installed on hot and cold water lines to the hair wash wand in the beauty salon on 10/6/2015.
- b. A vacuum breaker was installed on the hose bib at the can wash area on 10/6/2015.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected. On 9/6/2015 the Maintenance Director conducted a community wide visual inspection to ensure compliance of all wash basins that could have a hose long enough to reach the flood rim and therefore contaminating public water sources by siphoning action.

**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Maintenance Director or designee will conduct a random visual / physical inspection of all wash basins to ensure compliance.

**D) The facility will monitor the corrective actions as follows:**

The Maintenance Director or designee will conduct a random visual / physical inspection of all wash basins to ensure compliance.

- 13. 10A NCAC 13F .0311 OTHER REQUIREMENTS      SECTION .0300 - PHYSICAL - PLANT      C193 Ovens, Ranges in Activity or Res. Rooms      5. Ovens ranges and cook tops located in activity areas shall not be used except under facility staff supervision. The operation of the equipment shall have a locking feature provided that shall be controlled by staff. No switch was located at time of survey to control the operation of the range. It was accessible to resident without staff present.**

**A) The alleged deficient practice will be/has been corrected for the listed residents by taking the following action:**

Upon closer examination on 10/5/2015 the range disabling switch was located behind the microwave unit. The key to the switch was located in the Activity Director's office and the range unit was switched off.

**B) Other residents potentially affected by the same alleged deficient practice will be identified as follows:**

All residents residing in the community could potentially be affected.



**C) The following systemic changes will be made to ensure compliance with this regulation:**

The Activity Director or designee will conduct a random visual / physical inspection of the range units switch to ensure compliance.

**D) The facility will monitor the corrective actions as follows:**

The Activity Director or designee will conduct a random visual / physical inspection of the range units switch to ensure compliance.

Respectfully,

Shay Lingerfelt  
Regional Director of Operations



**N.C. DEPARTMENT OF ENVIRONMENT  
AND NATURAL RESOURCES  
DIVISION OF ENVIRONMENTAL HEALTH**

INSPECTION OF HOSPITALS, NURSING HOMES, ADULT CARE HOMES AND OTHER INSTITUTIONS

WILSON

ESTABLISHMENT	PARKWOOD VILLAGE ASSTD LIVING	ID	008400013
PERMITTEE	PARKWOOD VILLAGE ASSTD LIVING	DATE	04/20/2016
STREET1	1730 PARKWOOD BLVD	TIME	
CITY	WILSON	SCORE POSTED	100.00
ZIP	27893-0000	Activity Type:	Inspection
WATER	Municipal/Community	STATE	NC
WASTE	Municipal/Community	SAMPLE	NO
ITEM	SPECIFIC VIOLATIONS AND COMMENTS		PTS DED

**GENERAL COMMENTS:** All water temperatures are in range (111-115degF) Virex 255 spa  
70027-24 inspected rooms: 103, 201, 210, 213, 301, 304, 310, 404 all janitors closets, storage  
areas, common baths, supply rooms.

**TEMPERATURE OBSERVATIONS:**

INSPECTED BY: SHAGUETTA, COOPER

Page 1 of 1

SIGNATURE OF ENV. HEALTH SPECIALIST

SIGNATURE OF REPORT RECIPIENT

# PARKWOOD VILLAGE

**FIVESTAR<sup>★</sup> SENIOR LIVING<sup>™</sup>**

Date	Name
9-29-15	Taylor Proctor
9-29-15	Shakita Bynum
9-29-15	Ruby Gillian
9-29-15	Brittany Driver
9-29-15	Latesha Morse
9-29-15	Suzette Freedom
9-29-15	SHAKITA Wellington
9-29-15	Portia Artis
9-29-15	Shereece Edwards
9-29-15	Constance Hamlett
9-29-15	Tabatha Rouse
9-29-15	Laturia Dawls
9-29-15	Sandra Neal
9-29-15	Nicole Sauls
9-29-15	Beverly Barnes
9-29-15	Bonnie Taylor
9-29-15	Mitia Brown
9-29-15	Sierra Pitt
9-29-15	Brittany Chester
9-29-15	Shirlean Hodges
9-29-15	Aileen Joyner
9-29-15	Barbara Woodward
9-29-15	Meshauna Wiggins
9-29-15	Vincent Sisti
9-29-15	Joyce Taylor

In service Completed By: [Signature] K Hill Director of

Director of  
Maintenance.